

## **Consents and Medical Release**

**Date:** \_\_\_\_\_

### **MEDICAL TREATMENT AUTHORIZATION**

I / We, the undersigned, parent(s) or guardian of \_\_\_\_\_ a minor, do hereby authorize any adult instructor of Justin Russo Golf Academy (JRGA) and Bayonet and Black Horse Golf Courses and Facilities as an agent for the above minor to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at the hospital. This authorization is given pursuant to Provisions of Section 25.8 of the Civil Code of California. This authorization is to include transportation by a Justin Russo Golf Academy and Bayonet and Black Horse Golf Courses and Facilities and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Justin Russo Golf Academy and Bayonet and Black Horse Golf Courses and Facilities deem this is necessary. I / We, the undersigned, also authorize said physician or hospital to release student to Justin Russo Golf Academy and Bayonet and Black Horse Golf Courses and Facilities upon completion of treatment. This is given pursuant to Section 1283 of the health and Safety Code of California.

### **ASSUMPTION OF RISK STATEMENT AND MINOR CONSENT**

We, the staff of Justin Russo Golf Academy (JRGA) and Bayonet and Black Horse Golf Courses and Facilities, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of golf and activities performed in our curriculum. With signature below I / We acknowledge and fully realize the dangers of participating in such activities, and fully assume all risks associated with my child's participation in such activities, including, without limitation, any and all risks of bodily injury to my child, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my child's participation in the programs.

### **ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

COVID-19 is believed to spread mainly from person-to-person and between people in close contact with one another. The virus is thought to spread through respiratory droplets when an infected person coughs or sneezes. As a result, federal, state, and local governments and health agencies recommend social distancing for one primary precaution. Justin Russo Golf Academy (JRGA) and Bayonet and Black Horse Golf Courses and Facilities have put in place preventative measures to reduce the spread of COVID-19: however, JRGA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending JRGA could increase risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, acknowledged the contagious nature of COVID-19 involuntary assumed the risk my child(ren) and/or I may be exposed to or infected by COVID-19 by attending JRGA and such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I / We understand the risk of becoming exposed to or infected by COVID-19 at JRGA may result from the action, omission, or negligent myself and others, including but not limited to JRGA employees, volunteers, and program participants and their families.

### **Coronavirus (COVID-19) 2020 Questionnaire**

If declining to complete this questionnaire, I / We understand may not be able to participate in future activities at Justin Russo Golf Academy.

Please check the YES or NO boxes below for golfer participant and anyone in close contact with participant; do not check both boxes.

1. Have you traveled outside the US in the past 60 days?  Yes  No
2. Have you been in close contact with an individual who has traveled outside of the US in the past 60 days?  Yes  No
3. Have you had any of the following symptoms in past 2 weeks: Fever over 100.4 degrees, Persistent Cough, Shortness of Breath?  Yes  No
4. Have you been in close contact, in the past 30 days, with an individual with the following symptoms: Fever over 100.4 degrees, Persistent Cough, Shortness of Breath?  Yes  No

If yes, to any of the above, you may not participate in any Justin Russo Golf Academy programs and we ask for your physician clearance.

At the start of each clinic we will do a touch-less temperature test as recommended by the Monterey Health Department. Thank you for assisting us in our endeavors to minimize exposure to the Covid-19 while maintaining safe and fun golf practices.

**DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING?  
(if yes, please describe)**

Drug allergies:

Food allergies: \_\_\_\_\_

Environmental Allergies (insect bites, bee stings) \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Asthma: \_\_\_\_\_

Frequent headaches: \_\_\_\_\_

Dizziness or seizures: \_\_\_\_\_

Other health problems: \_\_\_\_\_

Limitations of Activities: \_\_\_\_\_

Medications the camper is currently taking: \_\_\_\_\_

PLEASE NOTE: Justin Russo Golf Academy staff cannot administer any medications, prescription or non-prescription to participants. This includes over the counter medicines, like Tylenol for minor headaches or pains. If the participants will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program?      Yes      No

If yes, please explain. \_\_\_\_\_

**INSURANCE POLICY INFORMATION**

The above-named child is covered by health insurance:      Yes      No

If yes, please provide the following information:

Policy Holder's Name: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_

**PHYSICIAN'S INFORMATION**

Print MD Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION, including best phone contact**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Alternative: (list any contact dropping off or picking up from camp)  
\_\_\_\_\_

**RELEASE**

With the above in mind, and being fully aware of the risks and possibility of injury involved, I/ We consent to have my child participate in the programs offered by Justin Russo Golf Academy (JRGA) and Bayonet and Black Horse Golf Courses and Facilities including instruction, open workouts, running and conditioning, exhibitions, competitions, or clinics in which he or she may be participating or while traveling to or from any activity sponsored by Justin Russo Golf Academy and Bayonet and Black Horse Golf Courses and Facilities.

I/ We recognize it is the responsibility of each participant to practice safe golf and will instruct my/our child/children accordingly.

I/ We fully understand and will direct the minor participant there are risks and dangers associated with participation in golf events including but not limited to bodily injury, partial and/or total disability and death.

These risks may be caused by the negligence of the participant or negligence of others and there may be other risks not known to us at this time; including any associated legal fees.

I, my executors or other representatives, waive and release all rights and claims for damages I or my child may have against Justin Russo Golf Academy, Bayonet and Black Horse Golf Courses and Facilities, and/or its representatives whether paid or volunteer.

I / We understand and agree this release includes any claims based on the actions, omissions or negligence of JRGA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any JRGA programs.

**SIGNATURE (acknowledgement of 4 total pages)**

Print Name and Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: Justin J. Russo Date: \_\_\_\_\_